

# **ASSEMBLY BILL 1858**

## **INFECTIOUS DISEASE CONTROL**

### **ASSEMBLYMEMBER BOB BLUMENFIELD**

#### **SUMMARY**

In order to reduce the spread of HIV, viral hepatitis, and other potentially deadly bloodborne infections, AB 1858 would allow the California Department of Public Health (CDPH) to authorize local community clinics or other health and social service programs to provide syringe exchange services. These services would be approved in any location where the department determines that the conditions exist for the rapid spread of HIV, viral hepatitis or any other potentially deadly or disabling infections that are spread through the sharing of used syringes.

AB 1858 remedies a contradiction in State law. Currently, it is required that the State provide health, housing and disability assistance to low-income persons with HIV/AIDS. However, current law does not provide the Department of Public Health with the appropriate authority and flexibility to take preventative steps in reducing the cost of these infections in areas of high need. Syringe Exchange Programs are a proven method of reducing HIV/AIDS infections.

This bill does not appropriate funds for syringe exchanges, nor does it mandate the state to fund new or existing syringe exchange programs. It simply authorizes the Department of Public Health to grant programs in areas of high need.

This bill will authorize the State to authorize syringe exchange approve SEP's, but it will not inhibit the local governments' ability to regulate such services within a given jurisdiction. Most counties do not have safe, legal access to sterile syringes, even in areas with high rates of HIV and hepatitis.

#### **BACKGROUND**

The use of shared syringes is the leading cause of hepatitis C infections in the state, and the second most common means of contracting HIV and hepatitis B. The provision of sterile syringes through exchange programs is considered a vital component of a comprehensive HIV and hepatitis control strategy, endorsed by every major national, state and

international health and medical association, including: U.S. Centers for Disease Control & Prevention, U.S. Public Health Service, Institute of Medicine of the National Academy of Sciences, National Institutes of Health, World Health Organization, United Nation Programme on AIDS, American Medical Association and American Academy of Pediatrics (partial list).

More than 200 studies have reached the incontrovertible conclusion that syringe exchange service is a cost-effective means to reduce the spread of HIV and viral hepatitis, and that these programs do not contribute to increased drug use, drug injection, crime or unsafe discard of syringes. Most programs not only provide prevention education, but also provide referral to drug treatment and other vital health services, including screenings for HIV, hepatitis and sexually transmitted infections.

Infections create a burden on our public and private healthcare systems. The estimated lifetime cost of treating HIV exceeds \$600,000, and the estimated lifetime cost of treating hepatitis C exceeds \$100,000. According to the California Research Bureau, hospitalization costs for hepatitis C and hepatitis B reached \$2 billion in 2007, paid for primarily by Medi-Cal and other public insurers.

A sterile syringe costs approximately ten cents. Most programs in California operate on very modest budgets, often less than \$100,000 per year provided primarily by private donors and foundations. As President Obama recently signed legislation lifting the ban on the use of federal funds for syringe exchange, AB 1858 creates the statutory conditions to make best use federal HIV prevention dollars that may be available in the future.

#### **CONTACT**

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